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ABSTRACT

Resulting from a study conducted by the Advisory Housing Committee of the Dutch Society for Rehabilitation, the report describes housing conditions and possibilities for the physically handicapped in the Netherlands. Four categories of sheltered living conditions are described and analyzed: residential centers, supervised residential centers, specialized residential centers, and nursing homes. For each of the conditions, services are discussed and a checklist is provided which indicates comparisons of admission criteria, social situations, daily activities, medical assistance available, and characteristics of patients most appropriate for each situation. An addendum to the study examines the concept of a multi-purpose residential center designed for the aged (married and single), single persons of all ages, and the physically handicapped. A floor plan of an apartment designed for a handicapped couple is provided. (RD)

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SHELTERED LIVING CONDITIONS

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NEDERLANDSE CENTRALE VERENIGING TER BEVORDERING VAN DE REVALIDATIE

Netherland's Central Society for Rehabilitation

P. O. Box 9115 The Hague-2078 The Netherlands
Stadhouderslaan 142 Tel. (070) 55.66.00

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Sheltered living conditions

This report is the result of a study carried out by the Advisory Housing Committee of the N. C. V. R. (Dutch Society for Rehabilitation) in which a working party "Group Housing" examined the possibilities for the physically handicapped.

As there is often a connection between physically handicapped and sensory and/or mentally handicapped, the limitation to the physically handicapped has purposely not been maintained in the composition of this report.

The working party consisted of members of the Advisory Housing Committee of the N. C. V. R., members of the Federation of Specialized Residential Centres and a delegate representing the Nursing Homes Section of the National Hospital Board.

This report "Sheltered Living Conditions" is meant to be a guide to <u>future</u> housing conditions, rather than an inventory of existing possibilities.

The classification made must be regarded as an experiment. The terminology in the translation should be considered as a temporary one, as this has been made by non-professionals.

The N. C. V. R. will be pleased to receive readers' reactions regarding the conceptions and their definitions, as used in this report, and also criticism on the text and the terminology used.

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Chapter 1.

Analysis of sheltered living conditions

As a common denominator of the various types of group accommodation, the conception SHELTERED LIVING CONDITIONS was created.
In this paper, contrary to the study report "Housing of the partly-disabled", the so called Residential Centre is included. Sheltered Living Conditions (S.L.C.) can be classified by means of the services they provide:

. Architectural adaptations
. Board and Lodging
. Opportunity for (communal) recreation
. Home nursing
. Assistance with Activities in Daily Life (A.D.L.)
. If desired, stimulation of recreation
. Occupations - internal or in own grounds
. Promotion of contact with the outside world and vice versa
. Promotion of social development
. Para-medical maintenance therapy
. Medical and nursing care
. Medical and nursing treatment and service facilities

Architectural Adaptations and Board and Lodging are the basic services, which are provided in all sheltered living conditions.
The structural adaptations will have to be such, that persons with difficulty in walking, or wheelchair users are to be taken into account. The purpose is attainment of maximum independence and maximum freedom in handicapped person's "Own Home".

Board and lodging. It should be possible for the individual who wishes to prepare his meals himself, or more often, herself, to do so, when he or she is independent enough, although the home must be equipped to supply meals.

Distinction is made between the "Opportunity for (communal) Recreation" and "Stimulation of recreation, if desirable". The former implies that there is accommodation and equipment in the home, such as television, a library and space for recreation, and the latter, that a special task is assigned to members of the staff to encourage residents to take part in outdoor or indoor recreation.

Home Nursing can best be compared with the "nursing", which a non - handicapped member of the family may expect at home. Stressing this limitation when the expression "Home Nursing" is used, a nurse should still be available in all S.L.C.'s in view of the increased risk of intercurrent illnesses.

Help with Activities in Daily Life (A.D.L.) is the assistance with personal care. The sequence in which the A.D.L. become disturbed is nearly always the same (from light to heavy), taking a bath, dressing, using the toilet, washing and eating.

The term "Occupations" includes both work and welfare etc. Occupations - internal or in own grounds, imply that these occupations are "under direct management",

which means these can be adapted to the disabled.

The promotion of two way communication with the Outside World means the creation of such provisions, so that the handicapped can take part in the activities of society as far as possible. Members of society can derive benefit from activities inside the Homes. As an example, the A.N.W.B. branch (equivalent to British Automobile Association) in "Het Dorp" ("The Village"), specially built for the disabled will provide information both to the local population in the Arnhem region and to the inhabitants of Het Dorp. Promotion of social development implies that adequate possibilities for social contacts and integration should be stimulated by the centre.

By "Para-medical and Maintenance Therapy" is understood physiotherapy and speech therapy.
Medical and Nursing Care covers those forms of medical and nursing aid, which have a health-protective and often preventive character.

As soon as Medical and Nursing Treatment and Further Aid become necessary, all the services mentioned above actually become a requirement for the living condition when considering the candidate's eligibility. The living condition then acquires such an important medical and nursing character that it can be considered as an active health care, preventive as well as curative. A "patient" is one who is treated by a medical team "taking over" the responsibility for the patient's health from him, at the same time his being able to lead a normal life as far as possible. Because of changes in the pattern of his life, he has to consult the leader of the team.

Additional to this list of services, one requirement is essential in connection with placement of the candidate: occupation outside the premises. This means that the candidate not desirous of having outside occupations, will not be eligible for admission to those living conditions, which demand this requirement.

RECREATION

When we examine the different types of S. L. C.'s and indicate which services are offered and the possible requirements of residents, we arrive at the following synopsis:

Building construction adjustments, and board and lodging are services belonging to all types of S. L. C.'s.

Furthermore:

1. THE RESIDENTIAL CENTRE

   Services offered:

   Opportunity for communal recreation.
   Home nursing.

   Requirement:

   Outside occupation.

2. SUPERVISED RESIDENTIAL CENTRE

   Services offered:

   Opportunity for communal recreation.
   Home nursing.
   A. D. L. assistance.

   Requirement:

   Outside occupation.

3. SPECIALISED RESIDENTIAL CENTRE

   Services offered:

   Home nursing.
   A. D. L. assistance if desired.
   Encouragement to partake in recreation.
   Occupations indoors or in own grounds, or outside.
   Promotion of two way traffic with outside world and promotion of social development.
   Paramedical maintenance therapy.
   Medical and nursing care.

4. NURSING HOME

   Services offered:

   Medical and nursing treatment, and further assistance.
   If desired, encouragement to partake in recreation.
   Indoor occupations.

A further review of the four types of S. L. C.'s seems necessary.

The Residential Centre differs from a boarding house because of structural adaptations and in many instances opportunity for communal recreation is available.
The Residential Centre prevents isolation of those who, physically, would probably be able to live on their own, but do not choose to, because of lack of opportunities for personal contact. The presence of a nurse confirms the conception "sheltered living condition."
The age limits cannot be clearly defined because of the requirement: "having outside occupations".

The Supervised Residential Centre differs from the Residential Centre because of the A. D. L. assistance offered.
Equipment and staff of a Supervised Residential Centre, therefore, are of a different type from those in a Residential Centre. During "peak hours" much assistance will have to be given. From an economical point of view, co-operation with a Specialised Residential Centre is desirable, whereby the nature of the Supervised Residential Centre must be preserved.
The age limits are fixed by the requirement: "having outside occupations" and thus cannot be clearly defined.

The Specialised Residential Centre differs from the previous forms of housing, because of paramedical and maintenance therapy, availability of internal occupation or in own grounds, promotion of the two way communication with the outer world and the social development and stimulation of recreation. It aspires to be as open as possible a community, notwithstanding the restrictions to those who are designated to indoor occupation, leisure, and religious and cultural activities.
The specialised residential centre differentiates between an "admission indication" and a "residential indication".
Admission age limits are about 20 to 50 years. A wide age limit range for admission prevents too high an average age.
The residential requirements may mean, that should the disabled express the wish to stay in the centre, they can remain for the rest of their lives, terminal, providing no severe mental deterioration occurs.
As well as the maintenance therapy - to be carried out by physiotherapists, speech therapists and nurses, under the supervision of a (rehabilitation) physician - and home nursing, the Specialised Residential Centre offers medical and nursing care. For medical treatment it is preferable to contact a nursing home.

The better the contact with a Specialised Residential Centre, the smoother will be the change over for the handicapped, from one living condition to the other. On the other hand the difference between both living conditions should clearly remain, in order not to burden the Specialised Residential Centre emotionally as a Nursing Home. From the financial point of view, a Nursing Home would never be sufficiently occupied by patients from a Specialised Residential Centre, and the working expenses differ from those of a Specialised Residential Centre.

In the Nursing Home, unlike the earlier mentioned S. L. C.'s, medical and nursing treatment and care head the list of "services rendered". For patients principally with an affliction of short duration, the Nursing Home is not to be considered as a S. L. C.
This does not apply, however, to most of the other patients. The Nursing Home provides services for all age categories. However, the accent definitely lies on the aged. Only practice will prove whether, when all the above mentioned S. L. C.'s do exist in sufficient number, and when all handicapped people have been admitted to the right L. C., there will still be many "non-aged" handicapped in the Nursing Homes, who will have to be accommodated there, either for a long period or permanently.

The research group did not go deeply into quantitative requirements concerning the various types of S. L. C.'s. The elements on which quantitative approach is dependent, have however, become apparent viz: economic, sociologic and elements of continuity.

1. Economic Aspects.

   The fewer services the house provides, in general, the smaller it can be. Houses as Specialised Residential Centres and Nursing Homes, with equipment for physical therapy, opportunity for occupation, or indoor occupations and similar services, must be able to distribute the extensive investments needed for modern equipment among as large a number of users as possible.

2. Sociological Aspects.

   A selection of sociological questions:

   What are the ideal maxima and minima for optimal social contact in the above S. L. C.'s?
   Do these maxima and minima vary for the various age groups?
   Which "sub-divisions" are preferable when, from an economical point of view, the maxima have to be exceeded?

3. Aspects of Continuity.

   Some services of the S. L. C. will have to be provided 24 hours a day, if necessary. This means more staff for one function. Continuity will also have to be guaranteed in case of absence of staff in key positions.
   This is closely connected with the economic aspect, as only a house of some considerable size can financially realise this aspect of continuity sufficiently.

The above mentioned elements will have to be worked out further, but the research group wishes to draw attention to these aspects at this stage.

Chapter II

Admission-indication

The following part offers directives to the different types of S. L. C.'s to enable them to draw up their "own" check list for admission indication.
Flexibility in the use of check lists does not only apply to the deviation from these for the benefit of the optimal living situation of the candidate - e.g. when a completely sensorial handicapped reports - but also a practical suggestion can be made for a more appropriate living condition, should the situation require this. The resident should be guaranteed that during temporary admission elsewhere, his own place in the S. L. C. will be kept unoccupied.

The admission indication is determined by:

- Services the specific living conditions provide and
- Demands these living conditions make on the handicapped, depending on
- Needs and possibilities of the individual handicapped.

As the services to be provided and the requirements made, vary partially per living condition (see previous chapter), the check lists show, accordingly, variations, whereby the services, in relation to the previous living conditions show a continual increase.

Because of the variability of factors, which will have to be taken into consideration so that an optimal living condition choice can be made, an admission team, controlling the check list for admission indication will, at least, have to consist of: a medical expert and a social worker.

If no physician or social worker is connected with the living conditions, it is advisable to establish a firm relationship with an expert(s), preferably on a regional level, to work within the advisory team for objective allocation of candidates.

In case of incomplete information, or consideration of rejection on grounds of psychological, vocational or medical data, the advice should be requested of a psychologist, vocational expert or, if desired, a medical specialist.

It is conceivable that these specialists could also be included in such an advisory team for allocation.

Appendix 1 shows how the condition (A) and possibilities of the residents and connected assistance (B) is different in the four living conditions.

It appears from the crosses (progressing from one to four crosses) that for residents of the Residential Centre compared to patients in Nursing Homes, their own capabilities gradually decrease and requirements increase.

For a further specification of appendix 1 the following factors should be considered.

Check list. Residential centre	Factors to be considered in deciding possible placement
A. Condition of Candidate	Diagnosis
	Prognosis
	General Physical Condition
	Rehabilitation
	Psychological Data
	Social Conditions
B. Potential of Candidate and related assistance	Communication possibilities
	Activities of Daily Life
	Transport
	Recreational needs
	Capacity for taking interest in religion and culture
	Work potential
	(Para)medical and nursing assistance, and (maintenance) therapy
	Technical aids

In general candidate is eligible if per factor one of the following elements is applicable to him/her.	In general, candidate will not be eligible if per factor one of the following elements is applicable to him/her.
Abnormalities of locomotor system neurologic, internal, other physical abnormalities, secondary abnormalities.	
Tendency to functional recovery Stationary. Progressive, if in initial stage (candidate not aware of it)	Clearly progressive (candidate aware of it)
Good. Increased risk of intercurrent illnesses.	Decubitus ulcers State of illness, whether or not connected with handicap.
Rehabilitation completed No rehabilitation required.	Will again be considered for rehabilitation.
Acceptable frustation-toleration. Acceptable emotionalism and affectation. Acceptable even frame of mind. Acceptable social institution towards group. Acceptable adaptability. Intellect: At least minimal intelligence.	Negative deviation from one of the named items stated in left column. Intellect: less than minimal intelligence.
Undesirable living conditions. Undesirable social living conditions.	
Good, fair.	Very difficult.
No assistance needed. Possibly little assistance needed.	Assistance needed.
Indoors: without assistance with aids with help of wheelchair (self driven) Outdoors: without assistance with little assistance.	Indoors: with assistance. Outdoors: with assistance.
Irrelevant	
Not dependent on possibilities within the L. C.	Dependent on possibilities within the L. C.
Normal occupations. Occupation under special social conditions. Work after training or (re-) schooling. Other external occupations.	No external occupations.
Home nursing. Control of personal hygiene.	Paramedical maintenance therapy. Medical and nursing care. Medical and nursing treatment.
Requirements of candidate are within the scope of the L. C.	Requirements of candidate are not within the scope of the L. C.

Check list. Supervised residential centre	Factors to be looked into concerning decision of possible placement
A. Condition of Candidate	Diagnosis
	Prognosis
	Total physical condition
	Rehabilitation
	Psychological data
	Social circumstances
B. Potential of Candidate and related assistance	Communication possibilities
	Activities of daily life
	Transport
	Recreational needs
	Capacity for taking interest in religion and culture
	Work potential
	(Para)medical and nursing assistance and (maintenance) therapy
	Technical aids

In general, candidate is eligible if, per factor, one of the following elements is applicable to him/her.	In general, candidate is not eligible if, per factor, one of the following elements is applicable to him/her.
Abnormality of locomotor system neurologic, internal or other physical abnormalities. Secondary abnormalities.	
Tendency to functional recovery Stationary. Progressive, if in early stage (and candidate not aware of it)	Clearly progressive (and candidate aware of it)
Good. Increased risk of intercurrent illnesses.	Decubitus ulcer. State of illness whether or not connected with handicap.
Rehabilitation completed. No rehabilitation needed.	Will (again) be considered for re-habilitation.
Acceptable frustration-toleration. Acceptable emotionalism and affectation. Acceptable even frame of mind. Acceptable social institution towards group. Acceptable adaptability. Intellect: at least minimal intelligence.	Negative deviation from one of the items stated in left column. Intellect: Less than minimal intelligence.
Undesirable living conditions. Undesirable social living conditions.	
Good, fair.	Very difficult.
Assistance necessary.	No assistance necessary.
Indoors: without assistance with aids with help of wheelchair (self driven) with assistance Outdoors: without assistance with little assistance with limited assistance.	Outdoors: with 100% assistance.
Irrelevant	
Not dependent on possibilities within the L. C.	Dependent on possibilities within the L. C.
Normal occupations. Occupation under special social conditions, employment after training or (re-) schooling. Other external occupations.	No external occupations.
Home nursing. Control of professional hygiene. Professional nursing.	Paramedical maintenance therapy. Medical care. Medical and nursing treatment.
Requirements of candidate are within the scope of the L. C.	Requirements of candidate are not within the scope of the L. C.

Check list Specialised residential centre	Factors to be looked into concerning decision of possible placement
A. Condition of Candidate	Diagnosis
	Prognosis
	Total physical condition
	Rehabilitation
	Psychological data
	Social circumstances
B. Potential of Candidate and related assistance.	Communication possibilities
	Activities of daily life
	Transport
	Recreational needs
	Capacity for taking interest in religion and culture
	Work potential
	(Para)medical and nursing assistance and (maintenance) therapy
	Technical aids

In general, candidate <u>is eligible</u> if, per factor, one of the following elements is applicable to him/her.	In general, candidate is <u>not eligible</u> if, per factor, one of the following elements is applicable to him/her.
Abnormality of locomotor system, neurologic, internal, other physical abnormalities. Secondary abnormalities.	
Tendency to functional recovery. Stationary. Progressive.	
Good. Increased risk of intercurrent illnesses. (Possible) Decubitus ulcers. (Possible) state of illness, needing medical and nursing care.	State of illness, requiring medical and nursing treatment.
Rehabilitation completed. No rehabilitation needed.	Will (again) be considered for rehabilitation.
Acceptable frustration-toleration. Acceptable emotionalism and affectation. Acceptable even frame of mind. Acceptable social institution towards group. Acceptable adaptability. Intellect: At least minimal intelligence.	Negative deviation from one of the items stated in left column. Intellect: less than minimal intelligence.
Undesirable living conditions. Undesirable social living conditions.	

Good, fair.	Very difficult.
Assistance necessary.	
Irrelevant.	
Irrelevant.	
Irrelevant.	
Independent house keeping or normal occupation. Occupation under special social conditions whether attached to Spec. Res. Centre or not. Work after training or (re) schooling. Welfare. No form of work whatsoever.	
Control of personal hygiene. Medical and nursing care. Paramedical maintenance therapy.	Medical and nursing treatment.
Requirements of candidate are within the scope of the L. C.	Requirements of candidate are <u>not</u> within the scope of the L. C.

Check list Nursing home	Factors to be looked into concerning decision of possible placement
A. Condition of Candidate	Diagnosis
	Prognosis
	Total physical condition
	Rehabilitation
	Psychological data
	Social circumstances
B. Potential of Candidate and related assistance	Communication possibilities
	Activities of daily life
	Transport
	Recreational needs
	Capacity for taking interest in religion and culture
	Work potential
	(Para)medical and nursing assistance and (maintenance) therapy
	Technical aids

In general, candidate is eligible if, per factor, one of the following elements is applicable to him/her.	In general, candidate is not eligible if, per factor, one of the following elements is applicable to him/her.
Abnormalities of locomotor system neurologic, internal, other physical abnormalities. Secondary abnormalities. Terminal affections.	
Tendency to functional recovery. Stationary. Progressive.	
Improvement possible. Increased risk of intercurrent illnesses. Possibility of decubitus ulcers.	
Irrelevant. Reactivation.	
Almost irrelevant.	Intellectual disturbances. Abnormalities, falling under the heading "extensive psychiatry".
Undesirable living conditions. Undesirable social living conditions.	
Irrelevant.	
(Much) assistance required.	
Irrelevant.	
Irrelevant.	
Irrelevant.	
Irrelevant.	
Medical and nursing care. Medical and nursing treatment. (Para)medical maintenance therapy. Evaluation of functional possibilities.	
Irrelevant.	

Chapter III

The indication for referrat

Advice can be asked from family doctors, district nurses, social workers and others as to the housing of the physically handicapped.

When the different forms of Individual Housing have been fully considered and do not (or no longer) seem to be suitable, one of the S. L. C.'s can then be recommended.

In consequence of the foregoing, the following general indications for referrat could be suggested:

To a Residential Centre:

Physically handicapped persons, between 16 and approx. 65 years, who only need board and lodging, and who are able to perform work outside the premises.

To a Supervised Residential Centre:

Physically handicapped persons, between 16 and approx. 65 years, who need board and lodging as well as assistance with the A. D. L. and who are able to perform work outside the premises.

To a Specialised Residential Centre:

Physically handicapped persons between 16 and approx. 50 years, needing board and lodging, A. D. L. assistance and maintenance treatment, and who are capable of performing occupations, either in the centre or outside the premises.

To a Nursing Home:

Chronic patients or physically handicapped in need of medical and nursing treatment and other services.

Chapter IV

Recommendations

Following this Report, it would be advisable to publish one or more reports on the following subjects (No priority being given in the sequence of same).

A. Distinction according to size between the different S. L. C.'s.
(Desirable minimum and maximum admission capacity)

B. Estimate of accommodation needed.
Planning of distribution.

C. Internal organisation, programming of the different S. L. C.'s
(lay out of centres, staff, training of personnel etc.)

D. Financing: Present financial possibilities.
Desirable financial possibilities.

E. Sheltered living conditions and public relations.

Multi-purpose residential centre

The various centres that provide accommodation for the physically handicapped in the Netherlands have been described in the previous chapters.
Since this report was written in Dutch in 1968, a new form of l.c. has been developed, which meets the demands of three groups, needing a small but practical home viz.:

a. the aged (married couples as well as single persons)

b. single persons (of all age categories, most of them having outside occupations)

c. the physically handicapped (married couples and single persons).

Too little attention has been paid up till now to the special problems of the last two groups.
The three categories have one condition in common with regard to their housing. They wish to be as independent as possible, but require some form of assistance. If a sufficient number from these categories live in one building, a service centre can be attached, to provide this assistance for the residents. Such a centre can also be of great value to people living in the vicinity, who can in one way or another make use of various forms of possible temporary or permanent assistance.

The services such a centre can offer may be:

- provision of meals
- domestic help
- nursing (varying from light tasks to temporarily complete nursing in a special part of the building)
- various forms of minor services such as a shop, a laundry, help with administration, a counter for postal and bank facilities.

Such a multi-purpose residential centre offers the following special advantages to the groups concerned:

a. for the aged: they can remain independent for a much longer period of their life in a small but practical home. They can manage most of their own domestic affairs, this being advantageous to their budget as well as to their health. As they can rely on qualified services when necessary, they need not worry too much about the future. Moving into a costly nursing-home can be postponed or avoided.

b. for the single persons: they can use the same services as the other categories, this being a great advantage in time of illness or when they are too tired e.g. to cook their own meal after a busy day.

c. for the handicapped: such a home can be ideal if the assistance needed is limited. The help required may be on the same level as in the supervised residential centre as dealt with in the first part of this report. (The severely handicapped need accommodation in a specialized residential centre or in a nursing home.)

Here follow some general aspects of the multi-purpose residential centres which are of importance viz.:

Economic Aspects

1. It is very difficult to plan for a long time ahead the number of applications for

individual homes for these three categories. If a building is adapted for the use of all categories mentioned, no problem arises should the numbers in the group vary.

2. As the number of physically handicapped (light) is not very large, the rather expensive nursing assistance for this group may be a big obstacle in establishing separate homes, especially in small villages. The use of the attached service centre by all categories justifies the expenditure.
3. The construction of a large number of appartments, all built on the same module, is advantageous.
4. When the adaptations for the handicapped and the aged are made during the construction of the centre, the extra costs are not so great.

Social Aspects

5. Integration of the three categories is a great asset. This especially concerns the handicapped and the aged, as some of them often have few possibilities of maintaining outside contacts. Facilities such as an assembly hall, common rooms, recreation rooms, library and work shop can enrich their lives. These they would miss if they lived apart.
6. When one of an aged or handicapped couple dies, it will not be necessary for the partner to move out, when there is a diversity of apartments suited to various needs in the centre itself.
7. A few guest rooms, available to all residents on application, could be provided to enable them to invite guests or relations, thus restricting their own accommodation to essential space.
8. It can be very distressing to have to move to another town, when no facilities, often necessary at this stage, exist in their familiar small town or village.
9. The social aspects for the whole community can benefit by the erection of this type of centre. One of the important factors is, that these centres may have an influence on the "flow" in housing. Many healthy aged couples, living in a house too large for them, may be prepared to move, if this type of centre is available. They can be built under the subsidy scheme of the Dutch government.
The promotion of these centres can be an important contribution to solving the housing shortage - one of Holland's most vital problems.

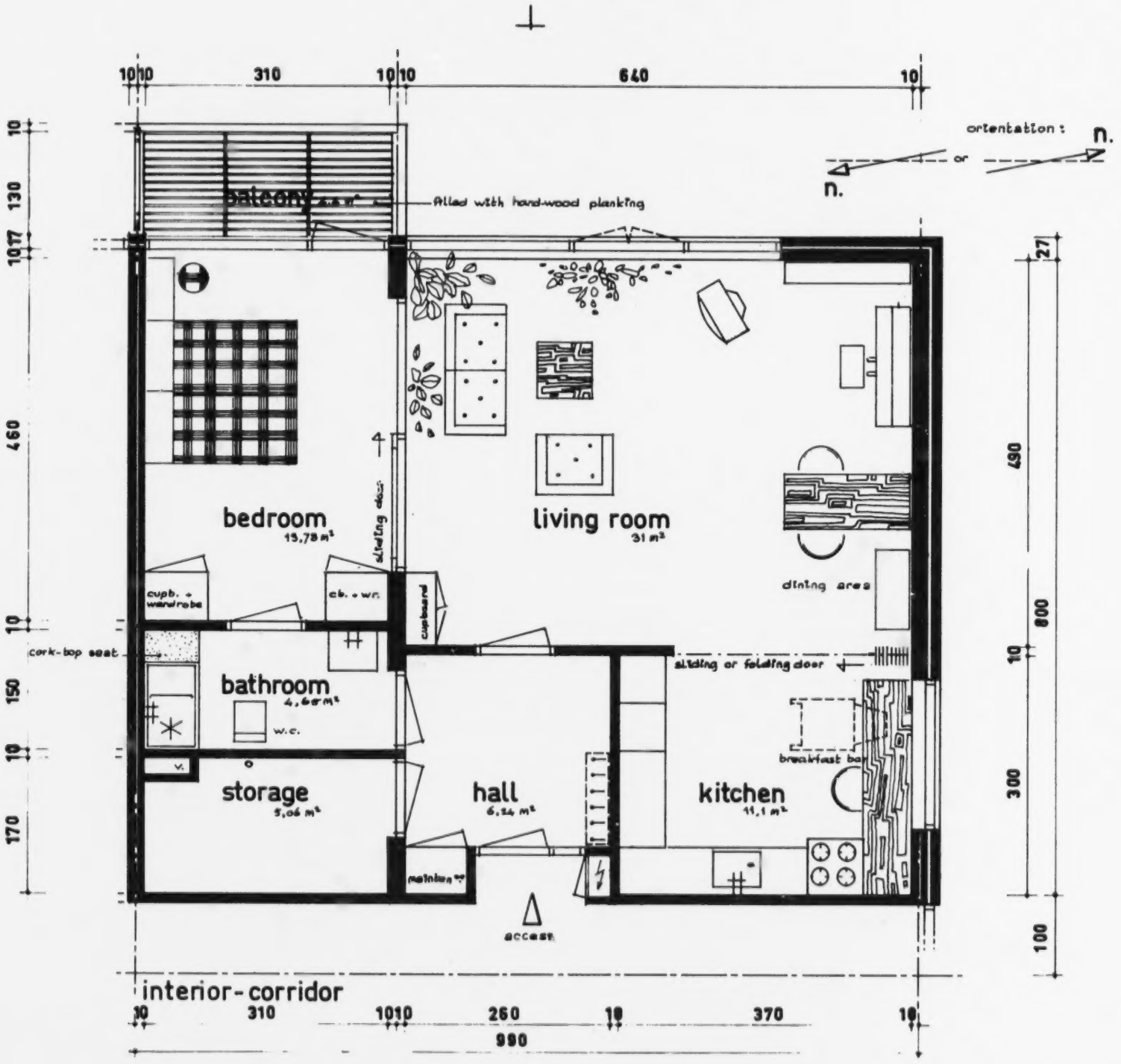
A new residential centre of this multi-purpose character is to be built in Brielle. A plan of a room for a handicapped couple is printed on the next page.

Appendix 1

TABLE

The detoriation of candidate's condition and potential is proportional to the increase of the services provided. The progression is shown by the number of crosses.

	RESIDENTIAL CENTRE	SUPERVISED RESIDENTIAL CENTRE	SPECIALIZED RESIDENTIAL CENTRE	NURSING HOME
A. CONDITION OF CANDIDATE				
1. diagnosis	x	x	x	xx
2. prognosis	x	x	xx	xx
3. total physical condition	x	x	xx	xxx
4. rehabilitation	x	x	x	xx
5. psychological data	x	x	x	xx
6. social circumstances	x	x	x	x
B. POTENTIAL OF CANDIDATE & RELATED SERVICES				
1. contacting possibility	x	x	x	xx
2. activities in daily life	x	xx	xx	xxx
3. transport	x	xx	xxx	xxx
4. recreational needs	x	x	x	x
5. capacity for taking interest in religion & culture	x	x	xx	xx
6. work potential	x	x	xx	xxx
7. (para)medical and nursing care and (maintenance) therapy	x	xx	xxx	xxxx
8. technical aids	x	x	x	xx



metric measurements 0 1 2 3m

unit in apartment-house for
DISABLED COUPLE

Architecten- en Ingenieursbureau
G.Gerritse
Dordrecht - Holland

The sizes of the bathroom and the bedroom should be resp. 6 and 18 m2.
me
This design is to be altered accordingly.